

## TOWN OF WESTFORD

## OFFICE OF THE ASSESSORS

TOWN HALL 55 Main Street WESTFORD, MA 01886 (978) 692-5504 FAX (978) 399-2556

## request for certified abutters list

\*Requires \$10 deposit\*

NOTICE: The Assessors Office has 10 days to act on a request for C.A.L. We will make every effort to process your request as quickly as possible and you will be notified via telephone when the list is ready to be picked up.

"RUSH REQUESTS" WILL BE CHARGED DOUBLED!

rees:	Mailing Labels - \$5 per she	eet (30 labels/sheet)
Date:	Requested by:	Phone#:
Please ch	eck the appropriate box for whicl	h you are requesting the Certified Abutters List:
$\square$ Board of Health		☐ Conservation Commission (100 feet)
□S	state Regulations {Immediate & Across Str	reet}
$\Box$ L	ocal Regulations {300 feet}	
☐ <b>Liquor License</b> (Immediate only)		□ <b>Planning/Zoning</b> (300 feet)
		☐ (2) sets of mailing labels
List of Pro	perty Owners notified in connection	n with Public Hearing on the petition of:
Owner's n	name:	
For the pr	remises located at street address: _	
Map & Pa the Zoning	g Bylaw of the Town of Westford.	relative to obtaining desirable relief from
******	*******	***********
<b>To the Bo</b> We hereby	oard of Appeals: certify the attached list, taken from our	r Real Estate Property Lists, includes the names and Ch. 40A, as amended to the best of our knowledge and be
Date Comp	oleted: Signed	ed:
		Westford Board of Assessors
	Deposit/parcel charge: Charge for labels: Additional charge: Total due:	\$ \$ \$ \$

Completed C.A.L. received by: